



Boston Office
69 Canal Street
Boston, MA 02114-2006
Phone 617-727-3661
Fax 617-727-6797
Online mass.gov/mtrb



RetirementPlus
**Application and
certification
of prior election**

1 REVIEW

the RetirementPlus program

- Check our web site at **mass.gov/mtrb** for information on the benefits and costs.
- If you have any questions, contact us at 617-878-2890.

2 READ and SIGN

this member application

I hereby state that:

- I am currently a member of the Massachusetts Teachers' Retirement System; and,
- during the RetirementPlus election period of January 1–June 30, 2001, I filed a RetirementPlus election form with my school district, named in Part 3—but not with the MTRB—and I indicated on my election form that, "Yes," I wanted to participate in the RetirementPlus program; and,
- I still wish to elect to participate in RetirementPlus.

Additionally, I understand that, if my application is approved:

- I will be subject to the RetirementPlus contribution rate of 11 percent, effective immediately, and I must pay to the MTRS an amount equal to the difference between the total retirement contributions that I **have** paid since July 1, 2001 at my current contribution rate, and the higher amount of contributions that I **would have** paid at the 11 percent contribution rate if I had been enrolled in the RetirementPlus program as of July 1, 2001; and,
- my decision to participate in RetirementPlus is **irrevocable** and I cannot later opt out of participating in RetirementPlus.

I understand that I must return this signed and completed form to the MTRB, 69 Canal Street, Boston, MA 02114-2006, on or before FRIDAY, OCTOBER 1, 2004 in order to be eligible to participate in RetirementPlus. If I fail to return this completed form by October 1, 2004, I will **not** be able to participate in RetirementPlus.

Signed under the penalties of perjury:

Signature		Date	
Name <i>please print</i>		Social Security no.	
Home address			
Home phone	()	E-mail	

3 EITHER

☐ **OBTAIN** certification from your payroll official, by having him or her complete the box at right,
OR

☐ **ATTACH** a copy of your 2001 election form, signed by the appropriate payroll official before July 1, 2001, here.

I, the school district official named below, do state that in my official capacity I am the keeper of school records that show whether individual teachers filed with the school a RetirementPlus election form on or before June 30, 2001; that I have made a diligent search of these records; and that these records are maintained in the ordinary course of business. After said search, I certify that the above named individual did file an affirmative election form with the school district on or before June 30, 2001.

Signed under the penalties of perjury:

Signature		Date	
Name <i>please print</i>		Title	
School district		E-mail	
Phone	()	Fax	()

4 RETURN

your completed form by
OCTOBER 1, 2004 to the
MTRB—NOT your payroll official

Return your completed form by **FRIDAY, OCTOBER 1, 2004**, to :
Massachusetts Teachers' Retirement Board, 69 Canal Street, Boston, MA 02114-2006
It is your responsibility to return this form to the MTRB by the due date. If you fail to return this completed form by October 1, 2004, you will **not** be able to participate in RetirementPlus.